

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # F01000006165

1. Entity Name
THE HOME RENTAL COMPANY



Principal Place of Business
**3909 SUNBEAM ROAD
JACKSONVILLE, FL 32257**

Mailing Address
**3909 SUNBEAM ROAD
JACKSONVILLE, FL 32257**

DO NOT WRITE IN THIS SPACE



01302008 No Chg-P CR2E034 (11/05)

4. FEI Number
06-0701148

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KALE, KAVIN
3909 SUNBEAM ROAD
JACKSONVILLE, FL 32257**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000024598
02/20/08-80086-002 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
GREENE, ELIZABETH
7 ISLAND ESTATES
PALAM COAST, FL 32137**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GREENE, JAMES
7 ISLAND ESTATES PKWY.
PALM COAST, FL 32137**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
KALE, KEVIN
29 CLOERIDGE COURT
PALM COAST, FL 32137**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
REILLY, KATHLEEN
31 CHESTNUT HILL ROAD
COLCHESTER, CT 06051**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
REILLY, KEVIN
2 CUTE COURT
PALM COAST, FL 32137**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KALE, TAMI
29 COLERIDGE COURT
PALM COAST, FL 32137**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kevin Kale Secretary 2/5/08 (904) 733-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #